PTO/SB/06 (08-03)
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Substitute for Form PTO-875									
c		OTHER	THAN						
CLAIMS AS FILED - PART I (Column 1) (Column 2)			SMALL E	NTITY	OR	SMALL	ENTITY		
FOR NUMBER FILED		NUMBE	R EXTRA	RATE	FEE		RATE	FEE	
BASIC FEE (37 CFR 1.18(a))					s	OR		<u>,77</u> 0 /	
TOTAL CLAIMS (37 CFR 1.16(c)) 8 minus 20 = -			x s=		OR	x s			
INDEPENDENT CLAIMS (37 CFR 1.16(b))	2 minus 3			x s =		OR	x \$=	X	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+5 =		OR	+5 =	7.	
	TOTAL		OR	TOTAL	1110				
* If the difference in column 1 is less than zero, enter *0* in column 2. TOTAL OR TOTAL									
CLAIMS AS AMENDED - PART II									
12116/05 «	Column 1)	(Column 2)	(Column 3)	SMALL E	NTITY	OR	SMALL		
∢	CLAIMS EMAINING	HIGHEST NUMBER	PRESENT	RATE	ADDI		RATE	, ADDI-	
	AFTER MENDMENT	PREVIOUSLY PAID FOR	EXTRA		TIONAL FEE			TIONAL	
Total *	13 Minus	"NO	•	x s=		∫OR	x \$=		
Total (37 CPR 1.18(c)) Independent (37 CPR 1.16(c)) Total (37 CPR 1.16(c))	3 Minus	- 8	=	x s=		OR	x s=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			+, =		OR	+5 =			
1 1 2 15				TOTAL		OR	TOTAL ADD'L FEE		
8/5/17 6410,				ADD'L FEE		, on	AUDIFEE	- \	
0121000	Column 1)	(Cofumn 2) HIGHEST	(Column 3)			1			
	EMAINING AFTER	NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
Z AM	MENDMENT Minus	PAID FOR	-		FEE			FEE	
Total (37 CFR 1.16(c)) * Independent (37 CFR 1.16(b)) *	Minus	<u> </u>	# CX	X \$=		OR	× 5=	\ /	
(37 CFR 1.16(b))	3	_5_	1-4	X \$=		OR	X \$=	X	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))				+5_=		OR	+ 5 =		
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
. (Column 1) (Column 2) (Column 3)					-	-		-	
	CLAIMS	HIGHEST	PRESENT	RATE	ADDI-	1	RATE	ADDI-	
	REMAINING AFTER	NUMBER PREVIOUSLY	EXTRA	RATE	TIONAL		KAIE	TIONAL FEE	
V Total ·	MENDMENT Minus	PAID FOR	-		FEE	-	Y . =	FEE	
Z Independent	Minus	***	8	X \$=	 	OR			
\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\				x \$		OR	× s=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))						OR	+ s =		
TOTAL - ADD'L FEE						OR	ADD'L FEE		
 if the entry in column 1 is less than the entry in column 2, write "0" in column 3. if the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". 									
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.									

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form anxi/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.